

McLaren Print System Order

Order No: 8824 Reprint Previous Order No: 6558  
Order Date: 2015-02-06  
User: shirley liddell  
Phone: 810-342-5333

Ship Location: McLaren OakBridge Center PHP - Shirley Liddell  
4448 Oakbridge  
FLINT, MI 48532

Forms

Quantity: 500  
Paragon Dept No: 43560  
Dept Name: McLaren OakBridge Center PHP  
Company Number: 60

Order Total Price: 24.90

Item Number: 17641  
Item Description: Daily Symptom Identification and Management Didactic  
Revision Date: 8/2013  
Print: 2 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish:  
Drill: 5 Hole Top  
Misc Info: This form is tumbled.

MCLAREN FLINT  
McLaren  
OAK BRIDGE CENTER

DAILY SYMPTOM IDENTIFICATION AND MANAGEMENT DIDACTIC

1. Please rate your overall physical health today on a scale of 10 (very ill) to 1 (very healthy) \_\_\_\_\_

2. Please describe any physical symptoms or complaints you are experiencing this morning \_\_\_\_\_

3. How would you describe your appetite?  Excellent  Good  Fair

4. How many meals have you eaten in the last 24 hours? \_\_\_\_\_

5. How many hours did you sleep last night?  none  1-2  3-4  5  6  7  8  9 or more

6. Did you have difficulty falling asleep?  Yes  No

7. Did you have frequent awakenings during the night?  Yes  No

8. Did you have nightmares or bad dreams?  Yes  No

9. Do you feel rested this morning?  Yes  No

10. Did you take your medications as prescribed since the last time you were at PHPT?  Yes  No

11. Have you had difficulties acquiring your medications from the pharmacy?  Yes  No

12. Have you experienced any side effects to your medications?  Yes  No

If yes, describe \_\_\_\_\_

13. Have you consumed any alcoholic beverages since the last time you were at PHPT?  Yes  No

If yes, what did you drink? \_\_\_\_\_ How many drinks? \_\_\_\_\_

14. Have you used other drugs (medicines, cocaine, etc) since the last time you were at PHPT?  Yes  No

If yes, what and how much? \_\_\_\_\_

15. How would you describe your mood this morning? \_\_\_\_\_

16. If depressed, how severe is the depression on a scale of 1 to 10 (10 being most severe)? \_\_\_\_\_

17. If anxious, how severe is the anxiety on a scale of 1 to 10 (10 being most severe)? \_\_\_\_\_

18. Have you had a panic attack since the last time you were at PHPT?  Yes  No

If yes, describe \_\_\_\_\_

19. Have you experienced any confusion or disorientation recently?  Yes  No

20. Have you experienced racing thoughts or difficulty maintaining focus on a task?  Yes  No

21. Have you had thoughts of hurting yourself since the last time we saw you?  Yes  No

If yes, please describe what these thoughts are \_\_\_\_\_

22. Have you had thoughts of hurting someone else?  Yes  No

If yes, please describe \_\_\_\_\_

23. Have you heard voices or sounds that other people don't seem to hear?  Yes  No

If yes, what do you hear? \_\_\_\_\_

24. Have you had seen, smelled, or physically felt things that others do not?  Yes  No

If yes, please describe \_\_\_\_\_

25. Have you had difficulty getting along with other people since the last time you were at PHPT? Yes No

If yes, please describe \_\_\_\_\_

26. Are you satisfied with your treatment at McLaren's Perital Hospital Program thus far?  Yes  No

27. Do you still have adequate food and shelter?  Yes  No

28. Do you feel you are benefiting from services at the Perital Hospital Program?  Yes  No

My personal goal for today is: \_\_\_\_\_

Chart Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DAILY SYMPTOM IDENTIFICATION AND MANAGEMENT DIDACTIC



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